

NWAC EXERCISE SCHEDULING FORM

New ☐ Reschedule ☐

Sponsor Information

Sponsoring Company:	
Agency:	
Facility/Vessel/Barge/Pipeline:	
Address:	
City, State, Zip	
Local Point of Contact:	E-Mail:
Telephone:	Fax:

Exercise Coordinator

Exercise Coordinator:	
Agency/Company (if other than Sponsoring Co.):	
Address:	
City, State, Zip	
Telephone:	Fax:
E-Mail:	

Exercise Information

Type of Exercise:		
Date and Time of Exercise:	Approx. Number of Participants:	
Location of Exercise:		
Exercise Scenario:		
Components of Response Plan Exercised:		
Objectives to be Met:		
Responsible Party:		
OSRO:		
Other Participants:		
Agency Presence Requested? Yes <input type="checkbox"/> No <input type="checkbox"/> Agency:		
Federal On Scene Coordinator <input type="checkbox"/>	State On Scene Coordinator <input type="checkbox"/>	PIO (JIC) <input type="checkbox"/>
Trustee Agency Environmental Unit <input type="checkbox"/>	GRP Deployment <input type="checkbox"/>	Wildlife Rescue <input type="checkbox"/>

1/17/01

Please return to:

John Butler

Washington State Department of Ecology

Spill Prevention, Preparedness and Response Program

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